Periscope.

CLINICAL NEUROLOGY.

24. THE OCULAR PHENOMENA IN GENERAL PARALYSIS OF THE INSANE. W. R. Dawson and D. F. Rambaut (British Medical Journal, 1898, ii., Sept. 10).

The authors record a series of observations made on this disease in the Richmond Asylum, Dublin, on some forty cases. In 92% of the cases the pupils were unequal, but the authors state that since this condition is by no means unknown in healthy people, too much stress should not be put upon it. In twenty-three cases the size of the pupil was recorded. Eight had mydriasis in both eyes and six myosis; three had myosis in one eye. In one case myosis and mydriasis were found, each in one eye. Reflex iridoplegia was noted in two mydriatic and three myotic cases. The Argyll-Robertson pupil was found five times in one eye and three times in both. Out of thirty cases examined for fundus changes, three showed advanced atrophy, five, optic neuritis. A certain amount of variation was to be expected in the ocular symptoms as a patient might show inequality, contraction, or dilatation or irregularity of outline at one time and not at another. Loss of light reflex or accommodation reflex might be present for weeks and then disappear and these reflexes be found normal.

25. ZUR PATHOGENESE DER HERDERSCHEINUNGEN BEI DER ALLGEMEINEN PARALYSE DER IRREN (The Pathogenesis of Convulsive Seizures in General Paresis). W. Muratow (Monatschrift f. Psychiatrie u. Neurologie, 3, 1898, p. 40).

Muratow first calls attention to two classes into which the cerebral symptoms naturally fall. In the first of these there is the steadily progressing dementia with well localized brain symptoms, secondly those cases in which epileptoid and apoplectic attacks occur with circumscribed affection of sensibility and defects of movements. The pathogenesis of this second class of cases presents particular points of interest since the convulsive seizures introduce a new element in the disease and somewhat deflect the gradually developing clinical picture. It was with the idea of gaining some light on these questions that the material of the Preobrajensky Asylum was studied.

In the post-mortem examination of 123 patients with general paresis dying during the past four years, the authors shows that in every case there was a diffuse peri-encephalitis with atrophy of the cortex. In nearly all the cases the frequently described changes in the arachnoid and the ependyma were noted. In one case circumscribed softening was found, and in eight cases there was inflammation of the dura, but in neither of these conditions was there any appreciable relationship to apoplectic attacks. In no cases were there evidences of sudden bleeding, though many of the cases died in the convulsive seizures. In five cases with local convulsive seizures microscopical studies were made. In all of these there were extensive inflammatory and degenerative changes in the cells of the motor area in addition to changes in the blood vessels and lymph spaces. Degeneration and disappearance of the tangential and radial fibers were also noted. On the evidence given by pathological anatomy there would seem to be no structural differences which give rise on one hand to localized convulsive seizures in cortical epilepsy, or on the other to those in general paresis. The difference must be in the cell activities which may be influenced by the changes in the encephalic inflammatory processes. The constant tremor is due, the author holds, to degeneration of the pyramidal tracts. The dysarthria is probably associated with a cortical ataxia of the frontal lobes. The changes in muscular sense are dependent upon degeneration of the tangential fibers. In common with the views of Nissl and of Weigert, the author states that the parenchymatous changes in the ganglion cells are of primary origin and are not dependent upon fiber degenerations, though their further degeneration is intimately connected with such other changes.

26. ANATOMIE PATHOLOGIQUE ET ÉTIOLOGIE DE LA PARALYSIE GÉNÉRALE (Pathological Anatomy and Etiology of General Paresis). Discussion. Ann. méd.-Psychologique, 7, 1898, pp. 440, 448, 464.

A lengthy discussion of the French medico-psychological society is here to be found on the etiology and pathology of general paresis. The main points of contention were regarding the occurrence of general paresis in the young, Régis presenting a paper on this subject, while Christian took a stand against its occurrence as also against any meta-syphilitic interpretations from the standpoint of the etiology. In the matter of the syphilitic etiological factor the prevalence of syphilis among the Arabs and their comparative immunity from general paresis was much in evidence. The discussion should be read to be thoroughly appreciated.

27. SUR DES LESIONS SPINALES DANS LA PARALYSIE GÉNÉRALE (On Spinal Lesions in General Paresis). G. Anglade (Arch. de Neurologie 6, 1898, p. 81).

The writer has described the pathological lesions in 20 cases which were clinically studied in Foncail's Thèse de Paris, 1898. In the spinal cord there was found in all of the paralytic cases, degeneration of the exogenous fibers of the posterior and lateral columns; the direct cerebellar tract, the direct pyramidal and Gowers' tracts being involved less often. In the gray matter of the cord, there was fiber degeneration and chromatolysis of the cells in the anterior and posterior horns and in Clark's columns. Leptomeningitis, increase in the neuroglia, arterio-sclerosis and phlebitis were also found.

In the non-paralytic cases the writer finds much the same types of cell changes and he states that many of the lesions are similar to those found in syphilis, though most writers on the pathology of this disease state otherwise. He propounds a theory bearing on the pathogenesis of these changes.

28. CASUISTISCHE BEITRÄGE ZUR DIFFERENTIAL-DIAGNOSE ZWISCHEN LUES CEREBRI DIFFUSA UND DEMENTIA PARALYTICA NEBST EINEM ANATOMISCHEN BEFUNDE (Clinical Contribution to Differential Diagnosis of Diffuse Cerebral Syphilis and General Paresis, with an Autopsy). C. Winckel (Arch. f. Psychiatrie, 30, 1898).

Although this long report does not permit the drawing of definite conclusions, it is interesting on account of the wealth of detail of the